

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS

AS FILED

AFTER FIRST  
AMENDMENT

AFTER SECOND  
AMENDMENT

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	13					
Total Claims	17					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						